

## THIS SPACE FOR OFFICE USE ONLY

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

		int Clearly)	<u> </u>		
PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
Stahlkopf	Karl	Ε.	(808) 543-7655		
MAILING ADDRESS (Street)			FAX		
P. O. Box 2750	*		(808) 543-7657		
(City)	(State)	(Zip	Code)		
Honolulu	HI	96840	96840-0001		
EMPLOYING ORGANIZATION (Fill	in only if you are employed by a business e	ntity which has been retained to lobby)	TELEPHONE		
MAILING ADDRESS (Street)			FAX		
(City)	(State)	(Zip	Code)		

PART II ORGANIZATION	V .			
NAME OF ORGANIZATION YOU	TELEPHONE			
Hawaiian Electric	(808) 532-5860			
MAILING ADDRESS (Street)		FAX		
P. O. Box 2750		(808) 532-5864		
(City)	(State)	(Zip Code)		
Honolulu	HI	- 96840-0001		
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE		
Marcia Wright		(808) 532-5860		
MAILING ADDRESS (Street)		FAX		
P. O. Box 2750		(808) 532-5864		
(City)	(State)	(Zip Code)		
Honolulu	HI	96840-0001		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
	Agriculture	Education	Human Services	XX	Science, Technology & Economic Development	
XX	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs		Tourism & Recreation	
XX	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	XX	Transportation	
	Culture, Arts, Historic Preservation	Health XX	Planning, Land & Water Use Management		Other: (indicate below)	
XX	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			

OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
<u> </u>	1/4/05					
(Signature of Lobbyist) (Date)		(Date)				
TO LOBBY						
•	TITLE OF AUTHORIZING OFF	ICER OR PERSON REPRESENTED				
Molly M. Egged Secretar		<b>y</b>				
pable)		TELEPHONE				
able)		TELEPTIONE				
ompany, Inc.		532-5860				
MAILING ADDRESS (Street)		FAX				
		532-5864				
(0)	/ <b>7</b> :					
(State)	(ZIP C	Jode)				
Hawaii	9684	0-0001				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
$\sim / \sim$						
1/31/05						
(Signature of Authorizing Officer of Person Represented) (Date)						
	formation furnished above is, Signature of Lobbyist)  TO LOBBY  cable)  cable)  (State)  Hawaii  ove - named person to engage	formation furnished above is, to the best of my knowled Signature of Lobbyist)  TO LOBBY  TITLE OF AUTHORIZING OFF Secretary  Sable)  (State)  (State)  Hawaii  9684  Ove - named person to engage in lobbying activities on the same of t				